

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)

EV 337 197 763 US
Express Mail Label Number

February 24, 2004
Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Lynnea B. Anderson
(Print Name of Person Mailing Application)


(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a utility patent application by inventors:
Dongcheng Dai and John H. Musser, entitled:

**HALOGENATED TRIPTOLIDE DERIVATIVES AS IMMUNOMODULATORS AND
ANTICANCER AGENTS**

Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages **31** and
☒ **03** Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)

1. U.S. Priority

- ☒ This application claims priority of U.S. Serial No. 60/449,976 filed on February 25, 2003, which is incorporated in its entirety herein by reference.
- ☐ A petition for extension of time has been filed in the parent to extend the pendency of the parent to * (copy enclosed).

- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

2. Foreign Priority

- ☐ Priority of Application No. * filed in * on * is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.


3. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$385.00	or		\$770.00
Total Claims	23 - 20	3	3 x \$ 9 =	\$ 27.00	or	* x \$18 =	\$
Independent Claims	3 - 3	0	0 x \$43 =	\$ 00.00	or	* x \$86 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145 =	\$ 00.00	or	+ \$290 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$412.00	or	TOTAL	\$

- ☒ Enclosed is a check in the amount of **\$412.00** covering the fees due.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-2207.

Respectfully submitted,


 LeeAnn Gorthey
 Registration No. 37,337

Date: 2-24-2004

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